

Occupational and Environmental Medicine



*Adopted as the Journal of the Faculty of
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INSTRUCTIONS TO AUTHORS Three copies of all submissions should be sent to: The Editor, *Occupational and Environmental Medicine*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR, UK. All authors should sign the covering letter as evidence of consent to publication. Papers reporting results of studies on human subjects must be accompanied by a statement that the subjects gave written, informed consent and by evidence of approval from the appropriate ethics committee. These papers should conform to the principles outlined in the Declaration of Helsinki (BMJ 1964;ii:177).

If requested, authors shall produce the data on which the manuscript is based, for examination by the Editor.

Authors are asked to submit with their manuscript the names and addresses of three people who they consider would be suitable independent reviewers. They will not necessarily be approached to review the paper.

Papers are considered on the understanding that they are submitted solely to this *Journal* and do not duplicate material already published elsewhere. In cases of doubt, where part of the material has been published elsewhere, the published material should be included with the submitted manuscript to allow the Editor to assess the degree of duplication. The Editor cannot enter into correspondence about papers rejected as being unsuitable for publication, and the Editor's decision in these matters is final.

Papers should include a structured abstract of not more than 300 words, under headings of Objectives, Methods, Results, and Conclusions. Please include up to three keywords or key terms to assist with indexing.

Papers should follow the requirements of the International Committee of Medical Journal Editors (BMJ 1991;302:338-41). Papers and references must be typewritten in double spacing on one side of the paper only, with wide margins. SI units should be used.

Short reports (including case reports) should be not more than 1500 words and do not require an abstract. They should comprise sections of Introduction, Methods, Results, and Discussion with not more than one table or figure and up to 10 references. The format of case reports should be Introduction, Case report, and Discussion.

Illustrations Photographs and photomicrographs on glossy paper should be submitted unmounted. Charts and graphs should be carefully drawn in black ink on firm white paper. Legends to figures should be typed on a separate sheet of paper.

References References will not be checked by the editorial office; responsibility for the accuracy and completeness of references lies with the authors. Number references consecutively in the order in which they are first mentioned in the text. Identify references in texts, tables, and legends by Arabic numerals. References cited only in tables or in legends to figures should be numbered in accordance with a sequence estab-

lished by the first identification in the text of a particular table or illustration. Include only references essential to the argument being developed in the paper or to the discussion of results, or to describe methods which are being used when the original description is too long for inclusion. Information from manuscripts not yet in press or personal communications should be cited in the text, not as formal references.

Use the Vancouver style, as in this issue for instance, for a standard journal article: authors (list all authors when seven or fewer, when eight or more, list only six and add *et al*), title, abbreviated title of journal as given in *Index Medicus* (if not in *Index Medicus* give in full), year of publication, volume number, and first and last page numbers.

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Occupational and Environmental Medicine and the electronic age

OEM has an Email address which is 100632.3615@compuserve.com. We welcome contact by Email, including letters to the editor. Some of our reviewers already send us their reports by Email, helping to speed up the peer review process.

We are moving towards electronic publishing and for some months now we have been asking authors to send us their revised papers on disk as well as a hard copy. I am delighted to report that nearly all our authors are managing to comply with this

request; far more than for other specialist journals in the BMJ Publishing group. Oddly enough, the few authors who have not sent us a disk version of their revised papers have been almost exclusively from the United Kingdom. I would be interested in suggestions for why this might be. Perhaps United Kingdom based authors read our correspondence and instructions less assiduously? Watch for revised Instructions to Authors.

The Editor

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Three copies of all submissions should be sent to: The Editor, *Occupational and Environmental Medicine*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR, UK. All authors should sign the covering letter as evidence of consent to publication. Papers reporting results of studies on human subjects must be accompanied by a statement that the subjects gave written, informed consent and by evidence of approval from the appropriate ethics committee. These papers should conform to the principles outlined in the Declaration of Helsinki (*BMJ* 1964; ii:177).

If requested, authors shall produce the data on which the manuscript is based, for examination by the Editor.

Authors are asked to submit with their manuscript the names and addresses of three people who they consider would be suitable independent reviewers. They will not necessarily be approached to review the paper.

Papers should include a structured abstract of not more than 300 words, under headings of Objectives, Methods, Results, and Conclusions. Please include up to three keywords or key terms to assist with indexing.

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Vancouver style

All manuscripts submitted to *Occup Environ Med* should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style.)

Occup Environ Med, together with many other international biomedical journals, has agreed to accept articles prepared in accordance with the Vancouver style. The style (described in full in the *BMJ*, 24 February 1979, p 532) is intended to standardise requirements for authors.

References should be numbered consecutively in the order in which they are first mentioned in the text by Arabic numerals above the line on each occasion the reference is cited (Manson¹ confirmed other reports²⁻⁵ . . .). In future references to papers submitted to *Occup Environ Med*

should include: the names of all authors if there are seven or less or, if there are more, the first six followed by *et al*; the title of journal articles or book chapters; the titles of journals abbreviated according to the style of *Index Medicus*; and the first and final page numbers of the article or chapter. Titles not in *Index Medicus* should be given in full.

Examples of common forms of references are:

- 1 International Steering Committee of Medical Editors, Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979;1:532-5.
- 2 Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.
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Correspondence and editorials

Occupational and Environmental Medicine welcomes correspondence relating to any of the material appearing in the journal. Results from preliminary or small scale studies may also be published in the correspondence column if this seems appropriate. Letters should be not more than 500 words in length and contain a minimum of references. Tables and figures should be kept to an absolute

minimum. Letters are accepted on the understanding that they may be subject to editorial revision and shortening.

The journal also publishes editorials which are normally specially commissioned. The Editor welcomes suggestions regarding suitable topics; those wishing to submit an editorial, however, should do so only after discussion with the Editor.

NHS consultant led service is certainly one strand of the evolution of occupational medicine which is likely to be successful. However, it is not the only model and, for the sake of completeness, we consider that the non-NHS model of the Army Medical Services is one that, along with other large industrial medical services, needs to be integrated into the future provision of occupational medicine in this country.

The three major problems noted by Seaton and Agius, namely the failure of instruction, the perception that occupational diseases are no longer a problem, and the absence of a consultant referral service are all rectified by the Army Medical Services model. The induction course for army doctors, combined with their experience as regimental or general duties medical officers during their first two or three years, whatever specialty they subsequently choose to follow, gives them an understanding of the interplay between work and health. The work in our case being soldiering. Perhaps more importantly, and in this country probably unique to the defence medical services, the coordinated nature of the general practice, occupational medicine, environmental health, hospital medicine, and public health medicine functions ensures that the "separation of occupational medicine from the main stream of practice in the NHS" is less of a problem. We still have hands on clinical occupational medicine expertise available from both general practitioners and hospital staff who are backed up by a small cadre of specialists working principally in primary care.

It is an interesting coincidence that Kalman,² in the August edition of your sister journal *Occupational Medicine*, comments that "within my previous Military Service, the primary carer and occupational physician were often the same individual and there is no doubt that effective liaison took place." This is an enormous strength which is not so evident in the NHS model. Perhaps it is a standard which all occupational health services should consider.

T P FINNEGAN
Army Occupational Health Research Unit
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Army Medical Directorate
S A ST J MILLER
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Correspondence to: Lt Col TP Finnegan, Centre for Human Sciences, Defence Research Agency, Farnborough, GU14 6TD

1 Seaton A, Agius R. Occupational Medicine: the way ahead [editorial]. *Occup Environ Med* 1995;52:497-9.

2 Kalman C. Viewpoint '95: Ramazzini extended? *Occup Med* 1995;45:173-4.

NOTICES

MSc Course "Environmental Sciences" Specialisation Environmental Health

The Environmental Health specialisation of the MSc course Environment Sciences focuses on the effects of pollution of the natural and occupational environment on human beings and other organisms. The course lasts 17 months. The main lines of interest of the departments teaching the spe-

cialisation include:

- Air quality related to human health (exposure assessment, techniques for measuring and modelling of air quality, and dust and odour nuisance)
- Occupational hygiene (assessment of occupational exposure in industry)
- Toxicokinetics and biotransformation
- Environmental toxicology
- Potential toxic effects of environmental exposure of humans to chemicals (effects of airborne pollutants)
- Impact of toxic contaminants on wildlife and ecosystems
- Environmental and occupational epidemiology
- Biomedical factors and health
- Health problems in developing countries

For further information contact: Wageningen Agricultural University, Dean's Office for Foreign Students. Postal address: PO Box 453; 6700 AL Wageningen, the Netherlands. Tel: (31) 317 482680/482051; Fax: (31) 317 484464; e-mail: Jeanine.Hermans@DOFFS.SZ.WAU.NL.

16th Annual New England Epidemiology Summer Programme. June 10-July 5, 1996. 5 and 10 Day Courses.

The New England Epidemiology Institute Summer Programme at Tufts University's Medford campus includes methodological, statistical, and substantive courses. This programme is intended for those seeking an introduction to modern epidemiological concepts as well as those desiring a review of recent developments in epidemiological thinking.

Nineteen 5 and 10 day courses cover the following: introduction to epidemiology, conducting epidemiological research, theory and practice of epidemiology, epidemiological basis for causal inference, introductory biostatistics, regression and categorical data methods, survival analysis, meta-analysis, clinical research, pharmacoepidemiology, epidemiological methods for health care research, epidemiology in developing countries, cancer epidemiology, perinatal epidemiology, genetic epidemiology, occupational and environmental epidemiology, use of biomarkers in epidemiology, scientific writing, and ethics and epidemiology. Invited speakers include excellent teachers and prominent researchers from leading universities. Registrants may receive graduate degree credit or continuing education credits from Tufts University, continuing medical education (AMA category 1) through Tufts University Medical School, Nursing continuing education units from the Massachusetts Nursing Association, and certification maintenance from the American Industrial Hygiene Association.

For more information please contact: The New England Epidemiology Institute, Department PA-OEM, One Newton Executive Park, Newton Lower Falls, MA 02162-1450. Phone: (617) 244-1200; Fax: (617) 244-9669; e-mail: epidemiol@aol.com.

Occupational Health Issues of the Next Decade. 27-29 March, 1996. Orlando, Florida. Focus 2000 is sponsored by the Industrial Health Foundation, and co-sponsored by ACGIH, AIHA, and NIOSH.

Focus 2000 is designed to consider the management of employee health and safety issues of concern as the third millennium approaches. Responsible, cooperative action among managers, occupational health and safety professionals, and scientists in industry, government, labour and the academic community is necessary to successfully contend with the myriad of occupational health and safety problems present in a global society. Prominent speakers will consider areas of vital importance.

At the Hotel Royal Plaza you are next door to the magic kingdom park, Disney-MGM studios theme park, and the EPCOT Center. Enjoy complimentary scheduled bus transportation and guaranteed access to all three Disney theme parks. Your choices for recreation abound—from advance reservation privileges on five PGA Disney golf courses to a tropical pool with sauna and spa, lighted tennis courts, game room, on premise car rental, one day photo shop, Disney gift shop and boutique... and you are just a few steps from Disney village marketplace and pleasure island where a world of unique boutiques and entertainment awaits! The Hotel Royal Plaza is in the heart of the Walt Disney world resort—25 minutes from Orlando International Airport take Interstate 4 at State Road 535 (Exit #27). Limo service available through JR Tours 407-222-8451 at \$25 one way.

For further information contact: The Industrial Health Foundation, 34 Penn Circle West Pittsburgh, PA 15206. Tel: 412-363-6600; Fax 412-363-6605.

Occupational Hygiene '96, Promoting a Healthy Working Environment, Conference and Exhibition. 23-26 April 1996: Keele Conference Park.

The 1996 Conference of the British Occupational Hygiene Society (BOHS) at Keele Conference Park, Keele, Staffs, will consider a wide range of topics related to employee health. The conference week starts with eight Professional Development Sessions on the Tuesday. Before the scientific sessions begin on the Wednesday, which feature a number of parallel sessions on topics such as exposure to hazardous substances through the skin, welding, aerosols, the Pottery industry, and air quality, the opening address will be given by Sir Richard Bailey, formerly Executive Chairman of Royal Doulton. Thursday's morning sessions consider current concerns in the areas of noise, ergonomics, hazardous substances and exposure limits, with The Warner Lecture on the Thursday afternoon being given by Dr Charles Veys, OBE, FFOM, President of BOHS in 1989-90. The final day is devoted to epidemiology, control of hazardous substances, and personal protective equipment.

The BOHS Conference is widely regarded as the premier European event in the field of employee health. The 1996 conference runs from 23 to 26 April, and maintains the international tradition by having four presentations from America, and three from the Netherlands as well as papers from Belgium, Germany, and Australia. Also, there will be a significant contribution from staff of the Health and Safety Executive.

The BOHS is a learned Society, membership of which is open to all those with an interest in the effect that work has on health

of employees. The professional practice of occupational hygiene is under the control of the Institute of Occupational Hygienists, who have organised a session at the Conference looking at the New World of Work. Speakers include Dr P A Paulus, President of the American Academy of Industrial Hygiene (AAIH) and Larry Birkner, President of AAIH in 1994. The session will be under the chairmanship of Mr A T Gillies, President of the Institute of Occupational Hygienists 1995-6.

For further information, contact BOHS, Suite 2 Georgian House, Great Northern Road, Derby DE1 1LT. Tel + 44 (0)1332 298101; or Fax + 44 (0)1332 298099.

Occupational Health and Preventive Medicine Workshop. 22-29 March 1996. Norfolk, Virginia.

The Navy Environmental Health Center will host the 37th Navy Occupational Health and Preventive Medicine Workshop.

The workshop will feature over 150 courses and sessions in the areas of occupational health, preventive medicine, health promotion, environmental protection, and industrial hygiene. Participants may earn continuing education credit for over 10 professional organisations and designations.

Dr Stephen C Joseph, Secretary of Defence (Health Affairs), will address the opening session. The tri-service Military Audiology Short Course and the Navy Independent Duty Corpsman (IDC) Conference will run concurrently.

For more information contact: Karen E Pollock (804) 363-5452/5508. The e-mail address is workshop@ehc.50.med.navy.mil and <http://ehc40.med.navy.mil/~workshop> on the world wide web.

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(The price and availability are occasionally subject to revision by the Publishers.)

Epidemiology of Work Related Diseases. Edited by MCDONALD C. (Pp 498; price £49.50.) 1995. London: BMJ. ISBN 0-7279-0856-1

The editor gives as his aim: "... to provide a concise statement of what is currently known about the epidemiology of the main groups of work-related disease and, at the same time, to review methodological issues which the research has identified. It is not a comprehensive manual of epidemiology...". As for the intended readership, the dust cover defines it as "... everyone concerned with the widespread and serious effects—immediate and long term—of work and health." The text however, makes greater demands than can be expected of this broad class of reader.

The first section of text is headed *Occupational cancer* and it includes chapters on: metals and chemicals; ionising radiation; electromagnetic fields; and mineral dusts and fibres. The first chapter condenses into a 26 page résumé of the epidemiology of eight metals and their compounds, and 11 chemical compounds and mixtures that have occupied hundreds of pages in IARC monographs. In a mere 18 pages of text the ionising radiation and cancer chapter tackles the scientific aspects of a complex problem area in a balanced way, noting where the jury is still out. Its author would have been well placed to inform the general reader of certain important facts of epidemiological life in relation to the saga of access to the Hanford data, the reassessments of bomb victim doses, and the size of population that would be required to evaluate low dose risk predictions. The chapter on electromagnetic fields as carcinogens, reviews the epidemiological evidence for a cancer risk from exposure to electric and magnetic fields in a balanced manner that does credit to an author involved in the field. His conclusion that: "More research is needed" reiterates that made at several conferences both on electromagnetic fields and RF over the past 30 years. The editor appropriately is author of the chapter on mineral dusts and fibres which covers asbestos, crystalline silica, and man made fibres. He has been an influential and a powerful participant in this controversial field, a measure of which is his contribu-

tion to over a fifth of the 93 references cited in this chapter. The publishers are to be congratulated on the appearance of this book and their ability to include in a book printed this year and received for review in August, a paper by Wilkinson P, *et al* published as recently as 29 April in *The Lancet*. On the other hand McDonald cites a Finnish paper of 1974 to the effect that anthophyllite has produced "... few if any cases of mesothelioma", when there are more recent publications from the authors that are less sanguine.

The section headed: *Non-malignant diseases* deals with such individual items as: asthma, dermatoses, neurobehavioural effects, noise and vibration, back and limb disorders, and work stress, but also includes chapters entitled work in agriculture, and work and pregnancy. The section on methodology has chapters dealing with study design, assessment of exposure, measurement of outcome, evaluation of preventive measures, and a mathematician friendly account of analysis and interpretation, stronger on analysis than on interpretation, suggesting that the title may not have been first choice of the excellent author. The book concludes with two discursive essays, in one of which the author (UK) writes under the title *Epidemiology and occupational medical practice*, and the other in which the author (US) discusses *Occupational epidemiology and public policy*. Both authors find that all is not lovely in the garden, objecting to the media and the courts, and lamenting the distrust of epidemiologists. Although their complaint has some substance, they do not inform the reader of the other side of the adversarial coin. Lip service is paid to the importance of the expertise of the occupational physician in occupational epidemiology, but the observer will note that the game is the preserve of the academics and that they do not seem to recruit physicians from the shop floor any more into academia.

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CORRECTION

Tsai PJ, Vincent JH, Wahl G, Maldonado G. **Occupational exposure to inhalable and total aerosol in the primary nickel production industry** (1995;52:793-9.)

Equation (1) on p794 was incorrect as published. It should read:

$$I = 0.5 (1 + \exp(-0.06 d_{50}))$$